

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

140499
State File No.

0430

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4219 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau - Weaubleau Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage - Center Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles So Weaubleau</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles North of Hermitage</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u> b. (Middle) <u>MAVILLA</u> c. (Last) <u>ROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 8-1896</u>
9. AGE (In years last birthday) <u>94</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u> Hours <u></u> Min. <u></u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
12. BIRTHPLACE (State or foreign country) <u>Cal County Ark</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
14a. FATHER'S NAME <u>Wm Freeman</u>		14b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14c. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lestie Bantshoe-Hermitage, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy of Brain</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:05 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. E. Briggs, M.D.</u>		23b. ADDRESS <u>Coroner, Weaubleau, Mo.</u>	
23c. DATE SIGNED <u>12-23-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burnell Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Weaubleau Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Hathaway</u>	
25. ADDRESS <u>Hermitage, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Dec. 23, 1950</u> REGISTRAR'S SIGNATURE <u>W. P. Hargiss</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

12/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 12/27/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Chas. Gilbert Bethune

Licensed Embalmer No. 4267

P. O. Address

W. L. Keith, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.